

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

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FEE CALCULATION SHEET**

SERIAL NO. *11/018,390* | FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1			1			
2						
3						
4						
5						
6						
7				1		
8				1		
9				2		
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16			21			
17			1			
18			1			
19			1			
20			2			
21			1			
22		1	1			
23		1	1			
24	4		1			
25		1	1			
26		1	1			
27		1	1			
28		1	1			
29		1	1			
30		1	1			
31		22	1			
32		2	2			
33		2	2			
34		2	1			
35		1	1			
36		1	1			
37		1	1			
38		1	1			
39		1	1			
40		1	1			
41		1	1			
42		1	1			
43	3		1			
44		1	1			
45		1	1			
46		1	1			
47		1	1			
48		1	1			
49		1	1			
50		1	1			

TOTAL IND. *5* | TOTAL DEP. *5* | TOTAL CLAIMS *50*